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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL					
OMB Numb			235-0		
Expires: Estimated	July	31	.200	18	
Estimated a	iveraç	le pr	irden	1	
hours per re	sepon	Se	10	6.00	
SEC t	JSE O	NLY		ì	
Prefix		S	oriei		

DATE RECEIVED

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)						
Series A Perferred Convertible Stock						
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE					
Type of Filing: New Filing Amendment						
	140090 MAND 1880 ABIRT 1990 ABIRT 1980 ABIRT					
A. BASIC IDENTIFICATION DATA						
Enter the information requested about the issuer						
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	08055891					
AltaView Technologies, Inc.						
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)					
317 Commercial Avenue NE, Alguquerque, New Mexico 87102	914.220.8184					
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)					
(if different from Executive Offices)	e@Ĉ					
	Waii Processing					
Brief Description of Business	Section					
To develop and market a sports telemetry service	300					
	AUG 0 5 2008					
Type of Business Organization	AUG					
Corporation limited partnership, already formed other (pl	li6-)-					
business trust limited partnership, to be formed	Wohlngton, DC					
Month Year	. <i>Ille</i> e					
Actual or Estimated Date of Incorporation or Organization: 05 017 Actual Estimated						
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:						
CN for Canada; FN for other foreign jurisdiction)	DE					

### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is decaned filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Regulred: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

<u> </u>	•. •	A. BASIC E	DENTIFICATION DATA		٠.
. Enter the information re	equested for the fo	flowing:			<del></del>
Each promoter of (	the issuer, if the is	suer has been organized	within the past five years;		
<ul> <li>Each beneficial ow</li> </ul>	ner having the pow	ver to vote or dispose, or	direct the vote or disposition	n of, 10% or more of	f a class of equity securities of the issu
			of corporate general and ma		
		of partnership issuers.		,	•
7h - 1 D - ( - ) 4h - 4 h -	F3 b				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
'uli Name (Last name first, i Antin, Alan	f individual)				
Business or Residence Addre 317 Commercial Avenue	•	Street, City, State, Zip ( ue, New Mexico 871)	•		
Theck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
full Name (Last name first, i Coughlin, Dan	f individual)				
lusiness or Residence Addre	ss (Number and	Street, City, State, Zip (	Code)		
17 Commercial Avenue I	NE, Albuquerqu	e, New Mexico 8710	)2		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
full Name (Last name first, i McPhee, Ron J.	f individual)				
Susiness or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		······
155 University Blvd. SE,	Aibuquerque, l	New Mexico 87106			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Pull Name (Last name first, i	f individual)				
Stephenson, Thomas					
Business or Residence Addre 1155 University Blvd. SE	•	Street, City, State, Zip ( New Mexico 87106	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Verge I, Limited Partner					
Business or Residence Addre 1155 University Blvd. SE			Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owne	r Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Verge 1.5 Limited Partne					
Business or Residence Addr 1155 University Blvd, SI		Street, City, State, Zip , New Mexico 87106	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owne	Executive Office	T Director	General and/or Managing Partner
Full Name (Last name first,	if individual)		<u>,</u>		
Business or Residence Addr	ess (Number and	d Street, City, State, Zip	Code)		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	es additional conies of this	cheet as necessary	

-:,				B. 1	NFORMAT	ION ABOU	T OFFERI	NG		····		
1. Has	the issuer sol	d or does t	he issner ir	ntend to se	II to pop-a	ccredited i	nuectore i	thin offeri			Yes	No
	the state of the s							Е				
2. Wha	Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?							s 120	,250.00			
						<b>-</b>					Yes	No
	s the offering											K
com If a j or st	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.											
Full Nam	ic (Last name	first, if ind	ividual)									
Business	or Residence	Address (N	lumber and	Street, C	ity, State, Z	ip Code)						<u> </u>
N	A 1 - 4 - 1 - 15			·····	-,,-							
Name of	Associated B	rokes of De	alcr									
States in	Which Person	Listed Ha	s Solicited	or Intends	to Solicit l	Purchasers	······································					
(Ch	ck "All State	s" or check	individual	States)			************				[] All	States
ĀĹ	] AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	<u>(dī</u>
I	• =	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT		NV	NH	[N]	NM THE	NY VE	NC)	ND WA	OH) WV	OK WI	OR WY	PA PR
RI	) [SC]	SD	TN	(TX)	ÜT	VT	VA	(WA)	(M.A.)	[#1]	[W I]	(IA)
Full Nan	Full Name (Last name first, if individual)											
Business	Business or Residence Address (Number and Street, City, State, Zip Code)											
Name of	Name of Associated Broker or Dealer											
States in	Which Person	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	<u> </u>					
(Ch	eck "Ali State	s" or check	individual	States)			***************	,===\::::::		,	☐ Al	States
AL	] AK	AZ	AR	CA	CO	CT]	DE	DC	FL	GA	HI	ID
TL		IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
[ <del>M</del> ]		NV SD	(NH)		NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
RI												
Full Nat	ne (Last name	tirst, if ind	lividu <b>a</b> l)									
Busines	Business or Residence Address (Number and Street, City, State, Zip Code)											
Name of Associated Broker or Dealer												
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers						I) States						
(Check "All States" or check individual States)												
A	AK	AZ	AR	CA	[CO]	CT	DE	DC	FL	[GA]	HI	
Π	ואו	IA	KS	KY	ĽΑ	ME	MD	MA ND	MI OH	MN OK	MS OR	MO PA
M R		(NV) (SD)	NH TN	NI IX	MM [UT]	NY) VT	NC VA	WA.	WV	WI	WY	PR
<u> </u>	ب رييا	رحمي	لتفت									

SCHULER DALY

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	S	2
	Equity		
	Common 💆 Preferred	<b>*</b>	
	Convertible Securities (including warrants)	175,000.00	175,000.00
	Partnership Interests		
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.	·	
2.	offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	2	\$ 175,000.00
	Non-accredited Investors	0	\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		S
	Legal Fees		\$
	Accounting Fees		\$
	Engineering Fees		s
	Sales Commissions (specify finders' fees separately)		s
	Other Expenses (identify)		) \$
	Total		\$ 0.00
	·		

	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND USE OF I	ROCEEDS	· · · · · ·
	b. Enter the difference between the aggregate office and total expenses furnished in response to Part C—proceeds to the issuer."	Ouestion 4.a. This difference is the "adjusted pross		s 175,000.00
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for an check the box to the left of the estimate. The total oproceeds to the issuer set forth in response to Par	ny purpose is not known, furnish an estimate and fthe payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		7571,500	П\$
	Purchase of real estate			
	Purchase, rental or leasing and installation of mad and equipment	chinery		
	Construction or leasing of plant buildings and fac			
	Acquisition of other businesses (including the val offering that may be used in exchange for the asse issuer pursuant to a merger)	ata an annusitina af aunthur	]\$ \(\rangle /A\)	os r/A
	Repayment of indebtedness	**************************************	Js 6700	S 28,000
	Working capital		<b>□\$</b> ′	s
	Other (specify): S6 c 14		<b></b>	D\$ 44 60
	Ráp			17,50°
	Column Totals		7: 27 900	Ds97,10
	Total Payments Listed (column totals added)		□ <b>\$</b>	(75, <u>2</u> 0'0
		D. FEDERAL SIGNATURE		
sig	issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	mish to the U.S. Securities and Exchange Commis	sion, upon writte	le 505, the following n request of its staff
lss	eer (Print or Type)	Signature	Date	
Al	aView Technologies, Inc.	I wan when	1-25	-08
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
Ala	n Altin	President and Secretary		

Issuer (Print or Type)	Signature	Date
AltaView Technologies, Inc.	of me like	1-25-08
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Alan Altin	President and Secretary	

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

**END**